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# STATE OF MONTANA BULLETIN

OF THE

## Department of Health

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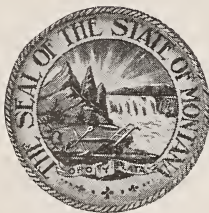
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### "IS YOUR COMMUNITY FIT?"

Have you consulted your health officer on the part your city and county should play in the important work of venereal disease control? Have your city and county provided facilities to enable your health department to act in an effective manner? Proper reporting of dangerous sources of infection and the establishment of places for their adequate treatment and control beyond the contagious stages are essential.

—U. S. Public Health Reports  
April 25th, 1919.



Published at Helena, by the State Board of Health.

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*"Happiness lies, first of all, in Health."*

—GEORGE WILLIAM CURTIS.

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This Bulletin will be mailed to any person in Montana upon request mailed to the Secretary of the State Board of Health at Helena.

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# STATE OF MONTANA

## Department of Public Health

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Marion L. Fox, Director of Publicity and Education,  
Helena

### DIVISION OF COMMUNICABLE DISEASE

John J. Sippy, M. D., Epidemiologist, Helena

# **COMMUNICABLE DISEASE REPORT FOR AUGUST, 1919**

COUNTIES AND CITIES	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbili)	Whooping Cough	Chickenpox	Influenza	Meningitis (epidemic)	Rocky Mountain Spotted Fever	Other Diseases (see Addenda)
Beaverhead		1	1		2							3
*Big Horn												
Blaine	1	1										
Broadwater												1
Carbon, except	0	0	0	0	0	0	0	0	0	0	0	0
*Red Lodge												
Carter	0	0	0	0	0	0	0	0	0	0	0	0
Cascade, except	3	1		1		1						2
Great Falls		5		4	2		2					13
Chouteau		1										1
Custer, except		1										
Miles City												9
Dawson, except	2	1										
Glendive		1			1							1
*Deer Lodge, except												
Anaconda		1										5
*Fallon												
Fergus, except				1								3
Lewistown				2								3
Flathead, except	1	1		1	4				7			3
Kalispell												5
Gallatin, except		1			4	2						
Bozeman	1				1			1				2
Garfield		1										
*Glacier												
Granite												1
Hill, except		3			1							1
Havre		4				4						1
Jefferson	0	0	0	0	0	0	0	0	0	0	0	0
Lewis & Clark, except		2										
Helena		4	2	1	1							1
Lincoln		1			2							
*McCone												
Madison									2			
Meagher	0	0	0	0	0	0	0	0	0	0	0	0
Mineral	0	0	0	0	0	0	0	0	0	0	0	0
Missoula, except		1										
Missoula City					1							6
Musselshell	1	1			6							
Park, except	1					1						
Livingston		1				1						2
Phillips		8										
Pondera	0	0	0	0	0	0	0	0	0	0	0	0
Powder River		1										
Powell	3	1										
Prairie	0	0	0	0	0	0	0	0	0	0	0	0
Ravalli		2							1			
Richland					1			1				2
Roosevelt			4									1
Rosebud		5										2
Sanders	0	0	0	0	0	0	0	0	0	0	0	0
Sheridan					2							
Silver Bow, except	8				1							1
Butte	10	2		6	2			1				17
Stillwater		1					5			1		1
Sweet Grass												
Teton		1										
Toole	0	0	0	0	0	0	0	0	0	0	0	0
Treasure		1				6						
Valley	1											
Wheatland	1											4
Wibaux												1
Yellowstone, except		5							3			3
Billings		14	1		1	1						6
TOTAL	35	72	8	16	32	16	7	3	13	1		101

## **ADDENDA.**

\*No report; health officers failed to perform duty of reporting.

Other communicable diseases reported: Actinomycosis, 1; Chancroid, 1; Gonorrhoea, 64; Malaria, 1; Mumps, 2; Epidemic Poliomyelitis, 2; Syphilis, 29.

# COMMUNICABLE DISEASE REPORT FOR SEPTEMBER, 1919.

COUNTIES AND CITIES	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbili)	Whooping Cough	Chickenpox	Influenza	Meningitis (epidemic)	Rocky Mountain Spotted Fever	Other Diseases (see Addenda)
Beaverhead	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
*Big Horn	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Blaine	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
*Broadwater	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Carbon, except	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
*Red Lodge	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Carter	.....	.....	.....	.....	2	1	.....	.....	.....	.....	.....	1
Cascade, except	.....	2	.....	2	.....	.....	.....	2	.....	.....	.....	1
Great Falls	1	8	1	.....	6	.....	.....	.....	.....	.....	.....	18
Choteau	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	4
Custer, except	1	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Miles City	1	1	.....	.....	2	.....	.....	.....	.....	.....	.....	1
Dawson, except	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	1
Glendive	.....	1	.....	.....	7	.....	.....	.....	.....	.....	.....	1
Deer Lodge, except	0	0	0	0	0	0	0	0	0	0	0	0
Anaconda	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
*Fallon	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fergus, except	1	.....	2	.....	7	1	.....	.....	.....	.....	.....	.....
Lewistown	.....	3	2	1	.....	.....	.....	.....	.....	.....	.....	1
Flathead, except	.....	2	1	.....	1	1	.....	.....	8	.....	.....	2
Kalispell	.....	.....	.....	3	1	.....	.....	.....	.....	.....	.....	4
Gallatin, except	1	.....	.....	.....	.....	1	.....	.....	1	.....	.....	.....
Bozeman	.....	.....	.....	.....	.....	.....	.....	7	.....	.....	.....	2
Garfield	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Glacier	0	0	0	0	0	0	0	0	0	0	0	0
Granite	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Hill, except	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Havre	.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Jefferson	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Lewis & Clark, except	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Helena	1	3	1	.....	.....	.....	.....	.....	.....	.....	.....	6
Lincoln	.....	2	.....	.....	1	.....	.....	4	2	.....	.....	1
*McCone	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Madison	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
Meagher	0	0	0	0	0	0	0	0	0	0	0	0
Mineral	.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....
Missoula, except	0	0	0	0	0	0	0	0	0	0	0	0
Missoula City	.....	.....	.....	.....	7	1	.....	.....	.....	.....	.....	13
Musselshell	.....	1	.....	.....	5	.....	.....	.....	.....	.....	.....	.....
Park, except	1	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Livingston	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Phillips	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pondera	0	0	0	0	0	0	0	0	0	0	0	0
Powder River	2	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Powell	0	0	0	0	0	0	0	0	0	0	0	0
Prairie	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ravalli	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	4
Richland	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Roosevelt	.....	4	.....	1	.....	.....	.....	1	.....	.....	.....	.....
Rosebud	.....	.....	7	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sanders	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Shediran	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bow, except	13	1	.....	4	6	.....	.....	.....	1	.....	.....	.....
Butte	5	1	.....	4	1	.....	.....	2	2	1	.....	72
Stillwater	.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	1
*Sweet Grass	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
*Teton	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Toole	0	0	0	0	0	0	0	0	0	0	0	0
Treasure	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Valley	0	0	0	0	0	0	0	0	0	0	0	0
Wheatland	0	0	0	0	0	0	0	0	0	0	0	0
Wibaux	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yellowstone, except	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Billings	1	6	.....	.....	1	.....	.....	.....	.....	.....	.....	12
TOTAL	37	50	14	16	51	6	5	16	24	1	1	162

## ADDENDA.

\*No report; health officers failed to perform duty of reporting.  
 Other communicable diseases reported: Anthrax, 1; Chancroid, 1; Erysipelas, 1; Gonorrhoea, 95 (in addition 122 sales of gonorrhoea remedies were reported by druggists); Lobar Pneumonia, 3; Epidemic Poliomyelitis, 1; Syphilis, 59; Tetanus, 1.



# **WORK OF THE HYGIENIC LABORATORY PERFORMED FOR THE THIRD QUARTER, 1919.**

	Pos.	Neg	Doubtful	Unsatis- factory	Total
Culture—diphtheria .....	9	21	.....	4	34
Culture—throat-micro organisms .....	.....	.....	.....	.....	3
Culture—vaccine .....	.....	.....	.....	.....	1
Culture—vaccine for acne .....	.....	.....	.....	.....	1
Tonsils—culture work .....	.....	.....	.....	.....	1
Blood—diff. R. & W. count .....	.....	.....	.....	.....	21
Blood—smear—diff. count .....	.....	.....	.....	.....	3
Blood—Widal .....	30	124	14	.....	168
Blood—Para typhoid A .....	1	9	.....	.....	10
Blood—Para typhoid B .....	.....	10	.....	.....	10
Blood—Wassermann .....	128	337	6	38	509
Spinal fluid—Wassermann .....	1	54	.....	1	6
Sputum—T. B. .....	10	109	.....	.....	119
Sputum—vaccine—influenza .....	.....	.....	.....	.....	2
Smear—Vincent's Angina .....	1	.....	.....	.....	1
Smear—malaria .....	1	.....	.....	.....	1
Smear—G. C. .....	34	139	22	.....	195
Smear—vaginal .....	.....	1	.....	.....	1
Smear Sp. pallida .....	.....	1	.....	.....	1
Faeces—typhoid .....	.....	1	.....	.....	1
Faeces—T. B. .....	.....	1	.....	.....	1
Faeces—routine .....	.....	.....	.....	.....	4
Faeces—Hookworm .....	.....	1	.....	.....	1
Faeces—Tapeworm .....	.....	1	.....	.....	1
Faeces—amoeba .....	.....	.....	.....	1	1
Tissue—pathology .....	.....	.....	.....	.....	2
Tissue—malignancy .....	.....	.....	.....	.....	1
Pus—actinomycosis .....	1	.....	.....	.....	1
Urine—routine .....	.....	.....	.....	.....	3
Urine—G. C. .....	2	1	1	.....	4
Intestinal mucus-typhoid .....	.....	1	.....	.....	1
Typing serum for transfusion .....	.....	.....	.....	.....	4
					1112
Outfits distributed for the third quarter .....					1340
Typhoid inoculations for the third quarter .....					96
Animal inoculation—diphtheria .....					2
Animal inoculation—tuberculosis .....					2

## **IT IS TIME THAT YOU SHOULD STOP.**

Whenever you spit, whenever you sneeze  
 Whenever your rugs you beat,  
 When you scatter dust with a feather broom,  
 And shake it on the street,  
 When rubbish you pile upon the road,  
 When ash barrels have no top,  
 You're poisoning the air for somebody's lungs,  
 And it is time that you should stop.  
 —KEEP WELL STORIES.

How much of his time does your health officer devote to his job?  
 Is this enough time to give to the most important business in your  
 community? Or don't you regard life and health as very important  
 down your way?

—ILLINOIS HEALTH NEWS.

**DIVISION OF WATER AND SEWAGE.**  
**Laboratory Report**  
**July, August and September.**

SUMMARY:

	Number
I Laboratory Investigations of Water Supplies:	
1. Public Water Supplies .....	195
2. Private Water Supplies .....	12
II. Field Investigations or Sanitary Surveys:	
1. Public Water Supplies .....	70
2. Private Water Supplies .....	0
III. Classification of Water Samples Analyzed:	
1. Bacteriological .....	608
2. Chemical	
(a) Sanitary .....	51
(b) Mineral .....	11

The water laboratory is operated under the provisions of the State law which requires periodic investigations of all public water supplies in the State. A complete investigation consists of a careful inspection of the physical environment of all parts of a given water system from the sanitary aspect as well as observations on the method of operation. At the same time a series of samples are taken to represent the qualities of the water in all parts of the system.

A complete investigation of this character is conducted at each public water supply in the state once in six months. More frequent periodic examinations are made of water samples collected by local officials who are appointed by the State Board of Health.

On completion of a field and laboratory investigation of a given water system, a complete report is prepared and forwarded to local officials who are responsible for the water supply. In reports of this character each water system is given a definite classification. On the basis of facts brought out in the investigation, a supply is classed as "approved" or "unapproved". Definite recommendations are made relative to the physical environment, construction, location and operation of a water plant that cannot be placed on the "approved" list of public water supplies.

During the three months' period covered by this report, 195 sets of water samples from public supplies have been examined and physical inspections of 70 water plants have been made.

Field investigations of public water supplies were conducted in the following cities and towns during the three months' period covered by this report:

Anaconda	Fromberg	Plentywood
Bear Creek	Glasgow	Paradise
Belgrade	Great Falls	Philipsburg
Big Sandy	Hardin	Plains
Big Timber	Harlem	Polson
Broadview	Harlowton	Poplar
Butte	Havre	Rexford
Bridger	Helena	Ronan
Cascade	Hysham	Roundup
Chester	Hamilton	Scobey
Chinook	Joliet	Saco
Choteau	Judith Gap	Shelby
Clyde Park	Kalispell	Somers
Columbus	Laurel (Municipal)	Stevensville
Conrad	Lewistown	Thompson Falls
Culbertson	Libby	Toston
Cut Bank	Lima	Townsend
Denton	Livingston (Municipal)	Troy
Deer Lodge	Malta	Twin Bridges
Dillon	Medicine Lake	Virginia City
Forsyth	Melstone	Whitefish
Fort Benton	Missoula	White Sulphur Springs
Forest Grove	Moore	Wolf Point

The above list shows a total of 70 public water supplies that were investigated in the field. Of this number there are 31 supplies using untreated water which have been "approved", because each water system has a source of supply which has a satisfactory location and physical environment and is properly constructed and is operated in an efficient manner.

Twenty-two water supplies on the above list have been "approved" because of the installation and satisfactory operation of water purification plants.

During the period of this report liquid chlorine installations were made at Helena, on three separate supplies, at Bozeman, Deer Lodge, (Southside Supply) and Somers.

The remaining 17 water supplies listed have not been approved by the State Board of Health. In some cases approval has been withheld pending further investigations of this division. Final classification will depend upon future field and laboratory investigations. In other instances approval has been withheld pending the installation of purification plants or changes in the location and physical environment or alterations in construction which have been specifically recommended for each plant. The water plants on the "unapproved" list will be definitely approved when all requirements of the State Board of Health have been complied with.

The Division of Water and Sewage during the month of September conducted a sanitary investigation along the Milk River from point above Havre to the intake of the Harlem Municipal water plant. The purpose of this investigation was to determine the degree of pollution of the Milk River and to study the effectiveness of self-purifying processes in the stream itself and to determine the burden placed upon water treating plants at Chinook and Harlem caused by city sewage. A temporary laboratory was established in Havre where a large part of the laboratory work was performed. A number of samples were submitted to the regular laboratory. In conducting this investigation a total of 98 separate water samples were examined in the laboratory. The results of this investigation were reported to a special commission appointed to consider the sewage and water problems of the Milk River valley. This commission has made a report which will be given some publicity at a later date.

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### T. B., M. D., N. G.

A weak, sentimental M. D.  
Had a patient with early T. B.  
He called it a "cold"  
And the lie that he told  
Catalogued this M. D. as N. G.

—EXCHANGE.

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It costs the taxpayers \$200 every time the fire department is called out to save a building, but what city is willing to spend 200 cents for a call that might save a life?

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"Some people are so constituted that their one aim in life is to get something for nothing. They would rather have smallpox free than vaccination for a dollar."

## **DIVISION OF FOOD AND DRUGS.**

### **Third Quarterly Report, 1919.**

During the past three months 713 inspections were made in 75 different cities and towns of the State by Food and Drug Division inspectors and 123 written orders were issued, of which number notice of compliance has been received in 73 cases. The remainder will be checked up through inspectors of this Division and local health officers as rapidly as possible.

#### **Complaints and Prosecutions.**

- B. B. Baker, Bakery, Nelhart  
Maintaining an insanitary toilet. Fined \$10 and costs, July 30.
- R. M. Cosgrove, Meat Dealer.  
Sale of sulphite hamburger from two shops.  
Complaint filed September 1st. Plead guilty and paid fine of \$25 and costs.
- Palace Meat Market, R. F. Doswald, Prop., Gt. Falls.  
Charged with sale of lard containing beef fat.  
Case dismissed by Judge Earll, Sept. 3rd.
- Thompson & Leech, Valier.  
Complaint filed July 15th for failure to comply with order of Secretary of State Board of Health directing removal of hog feeding yard. Notice of compliance with order received from Dr. G. F. Tidyman, City Health Officer, Valier. Case dismissed.
- W. N. Gains, Meat Market, Brady.  
License canceled by State Board of Health May 29th. No market had been provided.
- H. S. Halstead, Meat Market, Brady.  
License canceled by State Board of Health, May 29th. Insanitary conditions.

#### **Publications.**

During the month of July a Bulletin was prepared covering the Hotel Law and Regulations of the State Board of Health which were adopted under the provisions of the Hotel Law. Copies of this Bulletin have been mailed to all hotels in Montana.

A reprint of the Food and Drug Act with other food laws and revised regulations adopted under the Food and Drug Act was issued during August. Three thousand copies have been mailed to interested parties.

#### **Laboratory Investigation of Foodstuffs.**

A State survey of hamburger and sausages has been completed with the result that only four samples were obtained which contained sulphite. A detailed report of samples analyzed during the past three months will be found under chemist's laboratory report.

Chemical examination of soft drinks manufactured in the State has been completed, and bacteriological investigation is nearing completion.

Plans for the coming quarterly period include surveys of bulk oysters, vinegars and completion of sampling of "sweet oil" offered for sale in the State.



# LABORATORY REPORT.

July, August and September.

## SUMMARY.

Food and Drug Samples Analyzed.

	Samples Analyzed	Passed	Not Passed	Unofficial
Beverages				
For Alcohol .....	12	.....	.....	12
“ Poison .....	1	.....	.....	1
“ Methyl alcohol .....	2	.....	.....	2
“ Saccharin .....	48	48	.....	.....
Bread for poison .....	1	.....	.....	1
Candy for Poison .....	1	.....	.....	1
Corn Meal for Poison .....	1	.....	.....	1
Egg Powder .....	1	.....	.....	1
Extracts, Flavorings:				
Lemon .....	8	6	2	.....
Mixed Flavors .....	1	1	.....	.....
Orange .....	1	.....	1	.....
Strawberry .....	1	1	.....	.....
Vanilla .....	5	4	1	.....
Flour .....	1	.....	.....	1
Honey .....	2	.....	.....	2
Hydrogen Peroxide .....	3	1	2	.....
Insecticide .....	1	.....	.....	1
Lard .....	1	.....	.....	1
Meats:				
Hamburger .....	13	10	3	.....
Pork Sausage .....	7	7	.....	.....
Pork and Beef Sausage .....	1	1	.....	.....
Preservative .....	2	.....	.....	2
Dairy Products:				
Butter .....	3	2	1	.....
Cream .....	15	13	1	1
Milk .....	30	25	5	.....
Milk Powder .....	2	.....	.....	2
Powder for Poison .....	1	.....	.....	1
Salt for Poison .....	1	.....	.....	1
Sweet Oil .....	41	24	17	.....
TOTAL .....	207	143	33	31

The following samples were not analyzed owing to the fact that they arrived at the Laboratory in an unsatisfactory condition: Cream, 2; Milk, 10; Sweet Oil, 2; Sausage, 1; Ice Cream, 1.

## SOFT DRINKS.

During the past six months the Division of Food and Drugs of the State Board of Health has made investigation of soft drinks which were being offered for sale throughout the State. Representative samples were purchased from the twenty-four bottling works throughout the State and sent to the Food and Drug Laboratory, Bozeman, for examination. It was found that four bottling works were using saccharin as a sugar substitute for the sweetening of beverages produced. These plants were notified to discontinue the use of saccharin in accordance with Regulation 109 of the State Board of Health, F. & D. Series. A resampling from these plants showed that the order had been complied with in all cases.

At the time the chemical examination was made of the samples, a bacteriological examination was also made to determine the condition of the beverages from a bacteriological standpoint. This examination was supplemented by sanitary inspection of the bottling works. It was found in a number of cases that plants were being operated under questionable sanitary conditions and therefore a recommendation was made to the State Board of Health that regulations be adopted governing bottling works. The following are the regulations, which were adopted.

### "Regulation 62. Manufacturing Rooms.

(a) Floors, walls and ceilings of all rooms wherein beverages are prepared shall be kept clean and in good condition. Floors shall be constructed of material impervious to water and provided with proper sewer connections to facilitate cleaning.

(b) All outside doors, windows and other openings shall be fitted with self-closing screen doors and wire window screens of not coarser than 14 mesh wire gauze.

(c) All utensils used in manufacturing beverages shall be thoroughly cleaned after each use thereof and when not in use shall be properly protected from dirt, insects and rodents.

(d) No person suffering from any communicable disease shall be employed in any capacity in any bottling works.

(e) Any person who has been afflicted with typhoid fever shall not be employed in any bottling works until it has been definitely determined that such person is not a typhoid carrier.

(f) Every such plant shall be provided with a toilet room and a wash room conveniently located for the use of the employees. Each wash room shall be provided with clean running water, soap and clean towels and employees shall after visiting the toilet, wash their hands and arms with soap and water.

(g) All water used in the manufacture of beverages or in the washing of utensils be from a supply which has been approved by the State Board of Health.

(h) Persons employed in the establishment must while working wear clean clothing, preferably white.

### Regulation 63. Store Rooms and Stock Materials.

(a) A separate store room shall be provided for all syrups, sugars, extracts and other materials used in the preparation of beverages. Such store rooms shall be constructed in a manner which will at all times protect stock materials from contamination and unnecessary deterioration.

(b) The use of non-injurious vegetable colors is permitted. In the case of coal tar dyes, those certified dyes may be used which are declared permissible in foods, according to the Food Inspection Decision of the Bureau of Chemistry, U. S. Department of Agriculture.

(c) The use of saccharin in any article of food or drink is prohibited.

(d) The use of any cap or stopper which permits metal to come in contact with the contents of a bottle is prohibited.

#### Regulation 64. Labeling of Beverages.

(a) The following information shall appear upon the principal label: First, name of manufacturer; second, place manufactured; third, net content in terms of fluid ounces. In addition to this information in case of artificial coloring or flavoring or both have been used, there shall appear a declaration of that fact in not smaller than 8 point type.

(b) If a sugar other than sucrose is used a declaration of this fact must also appear in not less than 8 point type."

The bacteriological investigation of soft drinks has not been completed but the report of the same will be included in the next quarterly report of this Division.

The following table shows in detail the soft drinks examined during the past three months being forty-eight samples in number, representing fifteen different plants.

#### BEVERAGES EXAMINED FOR SACCHARIN.

Laboratory Number	Beverage	Manufacturer	Report
F-7826	Raspberry Soda.....	Helena Bottling Works	Passed
F-7827	Lemon Sour .....	" " "	"
F-7828	Ginger Ale .....	" " "	"
F-7829	Root Beer .....	" " "	"
F-7830	Strawberry Soda.....	Broadwater Bottling Wks., Helena	"
F-7831	Ginger Ale .....	" " "	"
F-7832	Lemon Soda .....	" " "	"
F-7833	Grape Soda .....	" " "	"
F-7853	Cream Soda .....	J. C. Chambers, Polson	"
F-7854	Root Beer .....	" " "	"
F-7855	Strawberry Soda.....	" " "	"
F-7858	Root Beer .....	Kalispell Bottling Wks., Kalispell	"
F-7859	Strawberry Soda.....	" " "	"
F-7860	Raspberry Soda.....	" " "	"
F-7871	Strawberry Pop.....	Blue Rock Prod. Co., Fairview	"
F-7872	Lemon .....	" " "	"
F-7873	Root Beer.....	" " "	"
F-7899	Cream Soda .....	Judith Bottling Wks., Lewistown	"
F-7900	Hires' .....	" " "	"
F-7901	Strawberry Soda.....	" " "	"
F-7902	Cherry Blossom.....	" " "	"
F-7909	Raspberry Soda.....	Myers Bottling Wks.,	"
F-7910	Cream Soda .....	" " "	"
F-7911	Grape Soda.....	" " "	"
F-7912	Root Beer .....	" " "	"
F-7913	Root Beer .....	Northwestern Bottling Wks., Butte	"
F-7914	Cherry Soda .....	" " "	"
F-7915	Grape Soda .....	" " "	"
F-7916	Root Beer Soda.....	Keenan Mfg. Co., Butte	"

F-7917	Cream Soda	.....	"	"	"	"	"	"
F-7918	Iron Brew	.....	"	"	"	"	"	"
F-7927	Root Beer	.....	Mt. Springs Bottling Wks.,	Bozeman				"
F-7928	Strawberry Pop.	.....	"	"	"	"	"	"
F-7929	Orange Cider	.....	"	"	"	"	"	"
F-7930	Cherry Soda	.....	"	"	"	"	"	"
F-7931	Strawberry	.....	Bozeman Bottling Wks.,	Bozeman				"
F-7932	Lemon Sour	.....	"	"	"	"	"	"
F-7957	Lemon Soda	.....	Roundup Bottling Wks.,	Roundup				"
F-7958	Orange Soda	.....	"	"	"	"	"	"
F-7959	Root Beer	.....	"	"	"	"	"	"
F-7967	Orange Crush	.....	Red Lodge Prod. Co.,	Red Lodge				"
F-7968	Lemon Soda	.....	"	"	"	"	"	"
F-7969	Root Beer	.....	"	"	"	"	"	"
F-7973	Lemon Soda	.....	Red Lodge Bottling Wks.,	Red Lodge				"
F-7974	Strawberry Pop.	.....	"	"	"	"	"	"
F-7975	Cream Soda	.....	"	"	"	"	"	"
F-7989	Root Beer	.....	Anaconda Prod. Co.,	Anaconda				"
F-7991	Lemon Soda	.....	"	"	"	"	"	"

### EXTRACTS AND FLAVORS.

Seventeen samples of extracts were examined during the past three months, four samples of which were classed as not passed.

For the general information of the public the following definitions are quoted from Circular 136, United States Department of Agriculture, which definitions represent standards governing flavoring extracts offered for sale in this State.

Lemon Extract is the flavoring extract prepared from oil of lemon, or from lemon peel, or both, and contains not less than five per cent (5%) by volume of oil of lemon.

Orange Extract is the flavoring extract prepared from oil of orange, or orange peel, or both, and contains not less than five per cent (5%) by volume of oil of orange.

Vanilla Extract is the flavoring extract prepared from vanilla bean with or without sugar or glycerin, and contains in one hundred (100) cubic centimeters the soluble matters from not less than ten (10) grams of the vanilla bean.

Laboratory Number	Extract	Manufacturer	Report
F-7834	Lemon Extract.....	Prepared at Springfield, Mass.	Passed
F-7835	Lemon 'Dove Brand'.....	The Frank Tea & Spice Co.	"
F-7836	Vanilla Extract.....	Joseph Burnett & Co.	"
F-7837	Strawberry .....	Imitation Fruit Flavor Co. Jos. Burnett & Co.	"
F-7838	Mixed Flavors		
	"Miroco" .....	Mizell, Robinson Co.	"
F-7839	Lemon Extract		
	"Miroco" .....	Mizell, Robinson Co.	"
F-7840	Vanilla "A substi- tute for Vanilla".....	J. M. Pitkin & Co.	"
F-7841	Lemon Flavor.....	J. M. Pitkin & Co.	"
F-7842	Vanilla Extract.....	Price Flavoring Co.	"
F-7843	Lemon Extract.....	A. Schilling & Co.	"
F-7844	Vanilla Extract.....	Scherer-Gillett Co.	"
F-7845	Lemon Extract.....	Hardesty Mfg. Co.	"
F-7846	Lemon Flavor.....	Foley Bros. & Kelly .....	"



F-7847	Vanilla Extract		
	"Miroco" .....	Mizell-Robinson Co.	Not Passed
F-7879	Orange Extract .....	Stone-Ordean-Wells Co.	" "
F-7880	Lemon Extract .....	" "	" "
F-7839	Lemon Extract.....	Mizell-Robinson Co., Helena	" "

### MEAT PRODUCTS.

The following meat products were examined for preservatives with particular reference to sulphite:

Laboratory			
Number	Article	Dealer	Report
F-7849	Hamburger .....	City Meat Market, Polson	Passed
F-7850	Sausage .....	" " " "	"
F-7851	Hamburger .....	Polson Packing Co., Polson	"
F-7852	Pork Sausage .....	" " " "	"
F-7861	Hamburger .....	Joe R. Stevens, Kalispell	"
F-7862	Pork Sausage .....	" " " "	"
F-7863	Hamburger and Pork Sausage .....	Otto Jensen, Kalispell	"
F-7864	Hamburger .....	Montana Meat Market, Kalispell	"
F-7865	Sausage .....	" " " "	"
F-7888	Pork Sausage .....	R. M. Cosgrove, Dillon	"
F-7890	Pork Sausage .....	" " " "	"
F-7891	Hamburger .....	Stewart Market, Butte	"
F-7892	Hamburger .....	Pat McCarthy, Butte	"
F-7893	Hamburger .....	Lutey's Shop, Butte	"
F-7894	Hamburger .....	Western Market, Butte	"
F-7895	Pork Sausage .....	" " " "	"
F-7896	P. & B. Sausage.....	Randolph Market, Butte	"
F-7897	Hamburger .....	" " " "	"
F-7887	Hamburger .....	R. M. Cosgrove, Dillon	Not Passed
F-7889	Hamburger .....	" " " "	" "
F-7994	Hamburger .....	John Boyle, Butte	" "

### "SWEET OIL."

Regulation 107. Food and Drug Series, defines "sweet oil" to be olive oil. This regulation was adopted by the State Board of Health, May 29th, 1919, and is in accordance with Food Inspection Decision 139 issued by the United States Department of Agriculture, February 23rd, 1912.

This action was taken by the State Board of Health in order to correct a general misunderstanding of the term "sweet oil". Many druggists have been accustomed to the practice of selling refined cottonseed oil when sweet oil was called for. Such sales were made in good faith and not for the purpose of substitution.

The United States Dispensatory gives "sweet oil" as a synonym for olive oil, and in the future parties offering for sale any oil other than olive oil for "sweet oil" must be considered as guilty of a misdemeanor under the provisions of the Food and Drug Act.

Paragraph 4, Section 11, Session Laws of 1911, declares that the State Board of Health shall first notify any individual, firm or corporation wherein any food or drug examined fails to comply with regulations, before instituting proceedings against such party. A reasonable length of time is given each dealer found violating any regulation, to remedy conditions, and complaint is filed only on a second sampling.

The following report shows the results obtained upon the first samples taken from various drug stores throughout the State. In those instances where the article is classed as not passed the product

was found to be principally cottonseed oil. Warning notices have been served and this Division has received assurance in nearly every case that provisions of Regulation 107 will be observed in the future.

The following is the chemist's report upon forty-one samples which were examined for the presence of oils other than olive.

Laboratory Number	Article	Druggist	Report
F-7925	Sweet Oil	Seaman's Pharmacy, Livingston	Passd
F-7926	" "	Owl Pharmacy, Livingston	"
F-7933	" "	Rose Drug Store, Bozeman	"
F-7935	" "	Gallatin Drug Co., Bozeman	"
F-7940	" "	W. P. Porter, Belgrade	"
F-7942	" "	Lasby Drug Co., Townsend	"
F-7946	" "	Budd-Fisher Drug Store, Helena	"
F-7949	Olive Oil	Fair Drug & Assay Supply Co., Butte	"
F-7950	" "	Colbert Drug Co., Butte	"
F-7951	" "	Newbro Drug Co., Butte	"
F-7952	" "	Depot Drug Store, Butte	"
F-7953	" "	Paxson & Rockefeller Co., Butte	"
F-7962	Sweet Oil	Harlowton Drug Co., Harlowton	"
F-7963	" "	Dinsmore & Graves, Roundup	"
F-7965	" "	Roundup Drug Co., Roundup	"
F-7966	" "	Blairs Drug Store, Roundup	"
F-7970	" "	Red Lodge Drug Co., Red Lodge	"
F-7971	" "	Economy Drug Co., Red Lodge	"
F-7984	" "	Fuller Drug Co., Anaconda	"
F-7986	" "	Standard Drug Co., Anaconda	"
F-7987	" "	Smith Drug Co., Anaconda	"
F-7988	" "	City Drug Co., Anaconda	"
F-8026	" "	D. C. Smith, Missoula	"
F-8028	" "	South Side Pharmacy, Missoula	"
F-7923	" "	Scheuber Drug Co., Livingston	Not Passed
F-7924	" "	Vicars Bros., Livingston	" "
F-7934	" "	Roachers Drug Store, Bozeman	" "
F-7936	" "	Cox-Poetter Drug Co., Bozeman	" "
F-7941	" "	Townsend Drug Co., Townsend	" "
F-7943	" "	L. E. Ward, Helena	" "
F-7944	" "	Parchen Drug Co., Helena	" "
F-7945	" "	Chatfield Drug Store, Helena	" "
F-7947	" "	McFarland's Pharmacy, Helena	" "
F-7948	" "	L. J. Fischl, Helena	" "
F-7960	" "	Public Drug Co., W. S. Springs	" "
F-7961	" "	Owens Drug Store, Harlowton	" "
F-7964	" "	Postoffice Drug Store, Roundup	" "
F-7982	" "	M. E. Doe, Philipsburg	" "
F-7985	" "	George W. Sparrow, Anaconda	" "
F-8025	" "	Bateman Drug Co., Missoula	" "
F-8029	" "	Missoula Drug Co., Missoula	" "

## DAIRY PRODUCTS.

Section 2, Chapter 199, Session Laws of 1919, provides that "it shall be the duty of the State Dairy Commissioner of his deputies to inspect or cause to be inspected all creameries, dairies, butter, cheese, condensed milk or ice cream factories, or any place where milk or cream or their products are produced, handled or stored within the State, at least once a year, or oftener, when desired by said Commissioner. He shall cooperate with the State, Local and County Health Officers in their efforts to produce a clean milk supply in the different towns of the State. The regular dairy inspection of the State shall be under the jurisdiction of the Dairy Commissioner, but, this shall

not be construed as to exclude the State, Local or County Health Departments from making inspections when such health departments have reason to believe, or suspect, that impure dairy products, liable to cause disease, are being sold to the public. None of the establishments named in this section shall hereafter be required to procure any license from the State Board of Health of the State of Montana, provided, however, that all licenses now issued by the State Board of Health shall continue in effect for the period of said license, unless cancelled by the Dairy Commissioner for good cause shown. The said Board of Health shall not be required to inspect said establishments or any of them; provided however, that in case an epidemic shall at any time prevail in any community, the State Board of Health shall have jurisdiction to inspect any of the establishments named in this section for the purpose of ascertaining whether or not said contagion is caused by milk or any other dairy products, and thereupon the said Board of Health shall have power to make and enforce such sanitary rules and regulations governing said establishment, as it may see fit.

It shall be the duty of the said Dairy Commissioner to act upon all reports or complaints that he may receive from owners and managers of public dairies, creameries, butter, cheese, condensed milk and ice cream factories, or other persons, wherein it is reported to him the names and locations of one or more producers of milk, cream, butter, cheese, condensed milk or ice cream, who are offering for sale milk, cream, butter, cheese, condensed milk or ice cream that is not fresh and clean, and in such instances he may inspect barns or farm houses, creameries, factories, or other places where dairy products or utensils are produced, kept, stored, handled or sold, and he may give advice and instruction in the proper performance of the work, and he may prohibit the sale of unclean or unwholesome milk, cream, butter, cheese, condensed milk or ice cream.

It shall be his duty to condemn for food purposes all unclean or unwholesome milk, cream, butter, cheese, condensed milk or ice cream, wherever he may find them. This is to include all dairy products produced or manufactured where proper rules of sanitation are not observed.

That where he condemns unclean or unwholesome dairy products, said products must be so treated as to render impossible the manufacture or renovation of such products for human food.

The said Dairy Commissioner shall likewise have authority to promulgate and enforce regulations not inconsistent with the provisions of this Act or with the provisions of any other law of the State of Montana for the regulation of dairy farms, retail dairies, cheese factories, milk plants, creameries, ice cream factories, and other dairy institutions. Said Commissioner shall likewise adopt all needful rules and regulations for the efficient and uniform enforcement of this Act throughout the State.

In all cases where the State Dairy Commissioner or any of his deputies shall find evidence that any of the provisions of this Act or any of the provisions of any other law of the State of Montana relating to dairy products, have been violated, it shall be the duty of such Commissioner or deputy to file complaint in some Justice Court having the jurisdiction of said offence, and it shall be the duty of the County Attorney of such County to prosecute said action."

Since this law became effective the Division of Food and Drugs, State Board of Health, has discontinued inspection and examination of dairy products for the reason that this work has been turned over to the Dairy Commissioner by the amended Dairy Law.

Experience of this Division has shown that the only satisfactory solution for the examination of dairy products and other perishable foodstuffs is the ultimate establishment of laboratories in all cities of 5000 or more inhabitants. All milk, cream, ice cream, meats such as sausages, and other similar perishable foodstuffs which is especially



liable to adulteration should receive a monthly examination. This is the only means by which a milk supply of the highest quality can be assured. There are crooks in the dairy business as in every other class of business; people who do not hesitate to add water or remove butter fat from milk or cream for financial gain. Any honest business is entitled to a legitimate profit upon the money invested in that business, but a whole industry and the products therefrom should not be brought into disrepute because of the slovenly, careless practices followed by some dairymen.

Many health officers have written to this Department to inquire as to whether or not it was their duty to make monthly inspections of dairies formerly within their jurisdiction. Health officers are hereby notified that they are relieved from making regular inspections of dairies. It will be noted, however, that health officers are authorized to inspect dairies if, for any reason, they believe an insanitary condition exists, which condition might endanger the health of the citizens of that community.

The following report shows the dairy samples analyzed at the State Food and Drug Laboratory during the past three months. No provision has been made for a chemical or bacteriological examination of dairy samples taken by inspectors operating under the direction of the Dairy Commissioner. It has therefore been necessary for the State Food and Drug Laboratory to examine these samples in addition to doing the regular work of this Division.

Sample	Passed	Not Passed
Butter .....	2	1
Cream .....	13	1
Milk .....	25	5

#### Beverages for Alcohol.

The following beverages were examined for alcohol in the interests of the State Prohibition Law. This work is not a part of the regular duties of this Division but the examination of these products was made at the State Food and Drug Laboratory. Reports of the samples analyzed were forwarded to the State and County officials encharged with the enforcement of the Prohibition Act.

Laboratory Number	Beverage
F-7820 .....	Whiskey
F-7856 .....	Beverage
F-7857 .....	"
F-7885 .....	Blackberry Cordial
F-7886 .....	Cherry Cordial
F-7972 .....	Malt
F-7977 .....	Beverage
F-7978 .....	"
F-7979 .....	"
F-7980 .....	"
F-7993 .....	Famo
F-8024 .....	Beverage

#### Miscellaneous.

Each month many miscellaneous samples of drugs and foodstuffs are submitted to the laboratory by citizens of the State. It has been the policy of this Department to investigate the various complaints which are made on such articles and to authorize the examination of articles when it appears that some valuable information will be gained, or when it appears that the article, even though unofficial in nature, is adulterated or misbranded under the provisions of the State Food and Drug Act. The following table shows the variety of samples analyzed:



Laboratory Number	Article
F-7792 .....	Whiskey
F-7793 .....	Powder
F-7814 .....	Insecticide
F-7825 .....	Egg Powder
F-7848 .....	Meat Preservatives
F-7868 .....	Salt
F-7869 .....	Corn Meal
F-7870 .....	Bread
F-7874 .....	Lard
F-7876 .....	Honey
F-7884 .....	Skimmed Milk Powder
F-7898 .....	Wheat Flour
F-7921 .....	Meat Preservatives
F-7922 .....	Skimmed Milk Powder
F-7954 .....	Candy
F-7956 .....	Beverage Strawberry Pop
F-7976 .....	Beverage
F-7992 .....	Honey
F-7992 .....	Cream

### NET WEIGHT ON WRAPPED HAMS AND BACONS.

An amendment to the Federal Food and Drugs Act for the coming year requires a statement of net weight for all wrapped meats, including hams and bacon coming within the jurisdiction of the Federal Food and Drugs Act. This provision became effective July 24th, 1919.

This settles a question that has been debated over for a number of years. The Bureau of Chemistry ruled at one time that wrapped meats such as ham and bacon were not considered food in package form and were therefore not subject to law requiring net weight and measure statements.

### MEAT INSPECTION.

The Bureau of Animal Industry, U. S. Department of Agriculture, has recently completed a survey of municipal and state meat inspection work and as a result it was found that less than one-third of the cities in the United States with a population of five thousand or more maintain any kind of meat inspection. Where inspection is maintained it was often found to be incomplete, less than one-fourth of the cities reporting indicated that ante-mortem examinations are made, and in many cases little assurance was furnished that condemned meats were actually withheld from distribution.

In the year 1918 it was shown that Federal inspection covered 75.1 per cent of all cattle slaughtered in the States with thorough inspection and at a cost of less than six cents for every animal slaughtered. Federal inspection applies to all slaughter houses and packing plants engaged in inter-state or export trade. Where the products of the establishment are consumed entirely within the State, the National Government has no authority to inspect the animals it slaughters or the products it sends out. Montana has two packing plants operating under Federal inspection. A fourth plant is in the course of construction.

No adequate meat inspection service has been provided in Montana. No ante-mortem or post-mortem examination of animals or carcasses is given. It is left to the honesty and judgment of the butcher to reject meat which is unfit for foodstuff.

County health officers are charged with the monthly inspection of slaughter houses. Some officers have never reported inspection of slaughter houses. The only counties of the State showing regular monthly inspections of slaughter houses for the past year are Carbon, Park, Sheridan and Silver Bow.

## HORSE MEAT.

An amendment to the regulations covering meat inspection by the Department of Agriculture, passed by Congress on July 24th, authorizes the inspection by the United States Department of Agriculture of establishments in which horses are slaughtered for the preparation of food products for transportation in inter-state commerce. The slaughter of horses and the preparation and handling of horse meat must be conducted in establishments separate from those in which other animals are killed and handled. All horse meat products must be conspicuously labeled and branded "horse meat" or "horse meat product", and must bear the statement "U. S. Inspected and Passed by the U. S. Department of Agriculture."

## SUGAR CONSUMPTION.

The per capita consumption of sugar in the United States for July was 10.06 pounds. For the first seven months of 1919 the per capita consumption reached 55.7 pounds, representing an increase of 6.94 pounds per capita over the corresponding period in 1918.

—Report of U. S. Sugar Equalization Board.

## WORK OF CHILD WELFARE DIVISION.

For the Quarter Ending September 30, 1919.

A series of Child Welfare Conferences were held at the various Fairs in the State this Fall under the direction of the Child Welfare Division of the State Board of Health and the Montana Society for the Study and Prevention of Tuberculosis.

Approximately 1845 children were examined, weighed and measured. Local doctors, health officers, nurses and nurses yet in training gave their services to further the work.

It was the aim at these conferences to educate the parents by showing them that the prize baby no longer means simply pinning a ribbon on the child, who by its winsome manner or curly hair appeals most strongly to the judges, but by pointing out to the individual parents how their child deviates from the standards of a normal child, and by teaching them the importance of preventive measures in early childhood.

	Children From Four Months to Six Years	School Children
Helena .....	117	.....
Billings .....	250	.....
Missoula .....	300	700
Gilman .....	54	75
Ravalli .....	300	.....
Circle .....	49	.....

## STATE GROWTH OF PUBLIC HEALTH NURSING.

The value of the public health nurse in the prevention of disease and in the promotion of health and hygiene is becoming increasingly apparent to the citizens of Montana. The illuminating result of the physical examinations of young men for army service during the war, and the astounding percentage of avoidable physical imperfections shown, is serving its purpose. The fathers and mothers of today are determined that the children of tomorrow will not be handicapped by the undue proportion of correctible physical defects and resulting inefficiency in the young men and women of today. The State Board of





CHILD WELFARE CONFERENCE AT THE MONTANA STATE FAIR, HELENA, SEPTEMBER, 1919

Health publishes herewith the list of nurses now employed by various agencies throughout the State, with a high degree of optimism for the future of public health work in Montana, and its only regret is that the list cannot be immediately doubled, tripled and quadrupled. At a time when bickerings, turmoil and complaint accompany so many forms of employment, the cheerfulness, the industry and the seriousness of purpose with which these young women approach seemingly unending and unsolvable tasks should prove an inspiration to the most confirmed shirker and pessimist. We bespeak for them the co-operation and assistance of every physician and good citizen in the accomplishment of what they seek—healthy and thereby prosperous and contented communities. Corrections or additions to this list are solicited.

### School Nurses.

Miss Margaret Murphy.....	Butte
Miss Catherine Combo.....	Butte
Miss Margaret Mahoney.....	Butte
Miss Eunice Collins.....	Butte
Miss Margaret Irish.....	Billings
Mrs. T. E. Malloy.....	Anaconda
Miss Minnie McBride.....	Helena
Mrs. M. J. Osborne.....	Miles City
Mrs. Mae Chapman.....	Bozeman
Miss Ann Goettsch.....	Roundup
Miss Ida Osterburg.....	Lewistown
Miss Ellen McHugh.....	Bozeman
Miss Katherine J. McGregor.....	Dillon
(State Normal College)	
Mrs. Adele McCray.....	Bozeman
(Bozeman College)	
Mrs. Grace Graham.....	Great Falls
Mrs. Henrietta Crockett.....	Great Falls
(Assistant School Nurse.)	
Miss Maude J. Dockstader.....	Laurel
Miss Bertha Alexander.....	Harlowton

### Public Health Nurses.

(Under auspices of County Chapters of American Red Cross)

Miss Maud Woolsey.....	Bozeman
Miss Martha Hower.....	Forsyth
Miss Mary Gallagher.....	Livingston
Miss Ardis Munson.....	Big Timber
Miss Grace Westerman.....	Glogsgow

### Industrial Nurses.

Miss M. A. Zogarts.....	East Helena
(Employed by Smelter Company)	
Miss Frances Fredericks.....	Helena
(Employed by Western Union)	

### Tuberculosis Nurses.

(Under auspices of Montana State Tuberculosis Association.)

Miss Cassie Callaghan.....	Butte
Miss Harriett Peoples.....	Butte
Miss L. Levensaler.....	Lewistown
Miss Gertrude Hines.....	Miles City
Miss Florence Richardson.....	Malta
Mrs. Guy Stucky.....	Missoula



## **DIVISION OF SOCIAL HYGIENE.**

### **Activities From January 1st to September 30th, 1919.**

In the early weeks of the present year the activities of this Division were confined to the distribution of educational literature and very little field work was attempted. However, a great deal of valuable literature was distributed and much good in an educational way was accomplished.

The last session of the legislature (Sixteenth) enacted a venereal disease control law. This law is, with slight modifications, modeled after a standard form law endorsed by the United States Public Health Service. Under this law it will be possible for the State Board of Health to carry on a very effective campaign for the control and suppression of venereal diseases. The expense of the Division is distributed equally between the United States Public Health Service and the State Board of Health.

### **Educational.**

During the latter part of the last school year this Division, co-operating with the Bureau of Public Health Service, presented to the High School boys of the State the government's exhibit "Keeping Fit." This exhibit consisted of fifty (50) lantern slides and twenty-four (24) cards, 22-28 inches, most of which contained two subjects. This exhibit material was prepared and furnished by the Public Health Service and had the endorsement of many of the leading educators and workers with the boys throughout the country. The idea of exercise, cleanliness, posture, fresh air, etc., was given due attention in the exhibit thereby reducing the danger of over-emphasizing attention to sex questions. The whole question was treated from an optimistic standpoint showing the benefits of being physically fit rather than the penalties that visit the unfit.

Lectures were appointed and a short talk was given with each exhibit. Thirty-five high schools were visited at which 1880 boys were presented and 2145 "Keeping Fit" pamphlets were distributed. This exhibit was well received at every school where it was given. The high school principals were very enthusiastic about the work and requested that it be made an annual event.

### **Cooperation of U. S. Public Health Service.**

At the request of the Secretary, Captain Millard Knowlton of the United States Public Health Service was detailed to the State Board of Health for the period of two months to assist in the venereal disease control campaign. Captain Knowlton has had considerable experience in work of this nature in other states and rendered valuable assistance to your Director and to the Health Officers in organizing the work in this State. All of the larger cities in the State were visited once and many of them several times, as well as many of the smaller towns. At each place visited meetings were arranged for, and had, with the city and county officials. Informal talks were given, the law explained and a plan of campaign outlined. Twelve towns were visited and twenty-two talks were given.

### **Difficulty of Law Enforcement.**

Since the enactment of the venereal disease control law it has become apparent that while the State Board of Health and Local and County Health Officers have ample authority to proceed against and control venereally infected persons, it has been very forcefully brought to the attention of the health officers attempting to enforce the provisions of this law that the city and county governments are greatly handicapped because of the lack of facilities for care and treatment of persons apprehended under this law.

In this connection attention is directed to the woeful lack of legislation for follow-up work in patients released from quarantine or discharged from clinics. The quarantine of prostitutes or pimps infected with venereal disease can be at best only palliative treatment of the problem. Unless adequate laws are enacted for the temporary or permanent custodial care of outlawed prostitutes, the treatment received in a clinic or while under quarantine is of little avail as these people do not readily forget their old associates and unless some provision is made for their retention for a period of at least six months or longer as individual cases may result, they soon again become a menace to public health. In any case they should be kept under custodial care a sufficient length of time to teach them some kind of useful work and permit them to forget to a degree their old associates, otherwise this class of people will be regular and steady customers of our clinics.

### Drug Addiction.

It has been noted that many of the patients in our clinics are drug addicts. Apparently the Harrison Drug Act is defective, as some of these people have informed your Directors that they can procure narcotics with very little trouble although at some considerable expense. Treating this class of patients is also only palliative. When they are released from quarantine or discharged from the clinic as cured or non-infectious they soon again become infectious.

This matter should receive the careful attention of the Division and of other persons interested in this phase of the problem to the end that the subject may receive proper consideration and that our efforts as health officers may be more effective in eliminating the venereal disease scourge.

### Reporting.

Some physicians and some druggists are faithfully reporting cases of venereal diseases coming to their attention. Since the venereal disease control regulations became effective, September 1st, 1918, there has been reported to this Division 1,382 cases of venereal diseases. To some this may seem like a large number but it is safe to say that not to exceed 15% of the cases occurring in this State are being reported as required by law, and it will probably be necessary to file complaints in a few cases in order to get the desired result.

The following is a summary of the number of venereal disease cases reported to this Division since January 1st, 1919, and also the number of doses of arsphenamine distributed to physicians and clinics:

Gonorrhea .....	963
Syphilis .....	415
Chancroid .....	4
Arsphenamine 0.6 gm .....	961
Pamphlets reprinted .....	40,000
Pamphlets distributed .....	32,864

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Health hung a wreath of roses 'round my brow,  
And said: "For certain, thou art happy now,  
In all this world to thee is naught denied—"

—J. CORSON MILLER.

## VALUE OF VENEREAL DISEASE CASE REPORTS.

It is believed that much of the progress of the Public Health Service and the State Board of Health toward controlling the spread of venereal diseases has been due to the statistics made available by the Army medical examinations. From these examinations and for the first time in the Nation's history accurate data were obtained regarding the national prevalence of these diseases and the localities having the greatest incidence of infection.

Possessed of the venereal disease rates, it became possible to interest all officials in the country by making known the actual facts. It was no longer a case of conjecture, as authentic information was at hand.

With the end of the war and resulting demobilization of the Army it became necessary to obtain this information from other sources. Most states now have either a statute or state board of health regulation requiring physicians and others to make a report of all cases of syphilis, gonorrhoea and chancroid. When this law was first recommended for adoption, opposition was encountered from some physicians and others who anticipated harmful effects from enforcement of such measures.

Observation of this phase of venereal disease legislation since enactment fails to disclose the effects anticipated by the opponents of the law. Infected persons have not refused treatment because report of the case by number or name was required. No report has reached the Public Health Service of injustice suffered by any infected person as a result of the case being reported. On the other hand, much good has resulted in officially classifying syphilis, gonorrhoea, and chancroid with other dangerous communicable diseases.

In requiring reporting of these diseases no necessity exists for making public the names of persons who have become diseased, and the regulations themselves impress on officials the necessity for secrecy. A stimulus is provided for the patient to continue under treatment until danger of infection is over, in that by so continuing treatment his or her case is not made the subject of subsequent investigation and action. Possibly the best results which follow the reporting of these cases is that in many instances the sources of infection become known and by proper action they can be prevented from further spreading disease and can be required to receive proper care and treatment.

While some States are making strenuous efforts to secure complete reports by physicians treating venereal diseases, the laxity existing in other communities, together with the indifferent or antagonistic attitude assumed by physicians, is a matter of much concern and keen regret to health officers interested in preventing the spread of venereal diseases.

An examination of one argument which physicians advance to exempt them from compliance with the reporting law—namely, the confidential relationship of physician and patient—shows the argument to be without legal merit.

Under the common law, and later under the statutes, protection was extended to the relationship existing between certain parties. The knowledge obtained by virtue of the position of husband and wife, attorney and client, minister and communicant, and physician and patient was regarded with sanctity, and to preserve this status facts which came to the knowledge of one party while standing in the relationship of physician, minister, attorney, etc., could not be introduced in evidence in court without the consent of the other party. But these restrictions placed on certain parties by virtue of the relationship existing between them apply only to evidence given in court.

All states now require physicians to report to certain authorities the existence of designated contagious diseases. Manifestly it is a poor excuse and no valid defense for a physician who violates the reporting laws to justify his act by a law that does not apply. Pro-



tection of the individual is subordinate to the preservation of the public health. Especially is this proper when by providing protection to the community no hardship or injustice is imposed on the infected person.

Several laws have been recommended to the states for adoption which are necessary for success in reducing the incidence of venereal disease. In addition to reporting, brief reference may be made to the laws adopted by many states which forbid the advertisement or sale of venereal-disease nostrums; the advertisements of venereal-disease quacks; the sale of medicines for venereal diseases save on prescription of a physician; and which require the patient to continue under treatment of physician until infectious stage is passed; and give the power of quarantine when necessary, and the right to punish an infected person for exposing any other person to infection.

It is not sufficient to have these suggested laws passed. Without vigorous enforcement they have little value. It should be the policy of the State Board of Health to stamp out venereal diseases, and to that end enforcement of every law passed should be earnestly attempted.

Physicians will make no objection to the prosecution of a quack who causes his tin signs to be placed in lavatories in violation of the law. The punishment of the nostrum seller who surreptitiously sells a blood specific for the cure of syphilis will be approved, and enforced observance by the patient of the law requiring him to remain under competent treatment while in an infectious condition will be welcomed by physicians as providing protection to the patient and the community.

Why should enforcement of the recent laws stop here? Why should not the physician be required to obey that portion of the law which requires him to report such cases as come to his attention?

It has been said that the physician "must be educated" to the reporting of contagious-disease cases. But for how long should this process of education continue! Until "equality before the law" is a reality? Some state health officers say that no contagious diseases are known to exist in certain communities until the death certificate arrives in the state capital. One health officer states: "One county reports 10 cases of typhoid fever and 10 deaths from the same disease." Physicians have knowledge of the dangers of syphilis and gonorrhoea and should take the leadership in informing the law public of these diseases which menace the Nation. No class needs less educating on the subject than does the medical fraternity.

Much progress has been made in combating venereal diseases. Millions of dollars have been appropriated by the National Government and the various states for preventing the spread of gonorrhoea and syphilis and devising better methods for their cure and prevention. Most states now make free Wassermann examinations, and laboratory facilities are extended without charge to the physicians of such states. Arsphenamine can be purchased practically at cost, and many states provide this drug free to indigent patients.

Considering these achievements, is it requiring too much when the physician is asked to voluntarily obey the law? It would be regrettable, if, to secure complete reports on the prevalence of syphilis and gonorrhoea, it should be necessary to take money from clinics and educational funds and expend it in gathering evidence and prosecuting physicians who negligently or purposely become law violators.

By full co-operation of physicians or the strict enforcement of the law in some communities, more complete morbidity statistics indicate a greater prevalence of disease than exists in other communities which appear to be comparatively free from disease because the cases are not being reported. The physician brings about this condition and should recognize his responsibility.

With accurate and complete statistics constantly available as to the progress made in preventing the spread of venereal diseases, recognition will be possible of methods and measures which are successful. Without these facts the task is more uncertain and difficult.



## "TICK PARALYSIS"—A CASE REPORT.\*

By G. A. FUSON, M. D., Kalispell, Mont.

Let it be understood at the outset that it is not the purpose of this paper to go into a discussion of the subject of what has been called "tick paralysis". So far as I am aware we have no literature on the subject nor am I able to furnish any information of value as to the source of the disease other than it appears to result from the bite of a tick. It also would seem, from a review of what few cases I have been able to gather, that the tick bite must be on some portion of the scalp. This may be explained, however, by the fact that the tick on any other portion of the body would be easily discovered and removed earlier than one hidden in the hair on the scalp where it would remain for quite a long time without being detected. Just what family this tick belongs to I cannot say nor do we know much about where it is the most prevalent. I wish simply to report three cases, one of which came under my own observation quite recently.

The symptoms of this rather rare disease are peculiar, and so far as my experience goes, I can say that they are characteristic; inasmuch as they differ from that of any other illness.

My own case, and the only one of its kind I have ever seen, was that of a little child two years of age, which I saw on Monday morning, May 26th, this year. The history of the illness as obtained from the mother is as follows:

The child had always been unusually strong and healthy and always very active. It went to sleep in its crib, as was its custom in the afternoon of Saturday, May 24th, with no sign of ill health. When it awoke the mother lifted it from its crib and stood it, or rather attempted to stand it on the floor, when she noticed that its legs gave way and it could not stand. Thinking perhaps that the child's feet had "gone to sleep", as she expressed it, she gave the matter no further thought, but put the child on the bed where it rolled and tossed about in seeming comfort. A little later in the afternoon when the mother again attempted to stand it on the floor the legs again gave way and it could not stand, but still she felt no alarm because the child did not seem sick in any way but laughed and crooned as it had always done.

It will be remembered that this occurred on Saturday afternoon, May 24th. That evening the child ate its supper, seemingly with relish, and was put to bed with no thought of alarm on the part of the mother. It rested well through the night, waking only once or twice to ask for a drink of water. The next morning the partial paralysis that had been noticed to affect the muscles of the legs on the previous day, had extended to other muscles, particularly the hand and arms, but the child ate its breakfast and seemed otherwise normal except for this lack of ability to handle itself. During the day it lay in its crib or on the bed with no evidence of pain or distress whatever. It rested again on Sunday night, but on Monday morning the partial paralysis had reached a degree sufficient to cause alarm, and it was not until then the mother thought it necessary to seek advice.

I saw the child about ten o'clock Monday morning. At this time the paralysis was not complete in any of the muscles, yet motion was very much limited. One of the striking features of the picture I saw as the child lay on its mother's lap was the expression of the face and eyes. There was an attempt to smile but the act was not completed. The pupils of the eyes were dilated and there seemed a constant effort on the part of the child to see; to locate persons, yet was unable to fix an object. Throughout the entire body the muscles everywhere were more or less relaxed, and when an attempt was

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\*Paper read at State Conference of Health Officers, Missoula, Montana, July 7th, 1919.

made to place the child in a sitting position it would simply settle down as if no life were present. There was no fever; pulse and patellar reflexes normal. In fact there was no evidence of illness to be found except that the child was utterly limp.

I realized in a very short time that I had never seen a case like this before. Naturally I thought of infantile paralysis, but the history and the present symptoms did not warrant such a diagnosis. I thought of diphtheria but the nose and throat were clear and no history of previous illness. I thought of possible rheumatism but the pain and soreness were lacking and the general picture did not correspond and so I was at a loss to know what to say to the mother as to the probable cause of her child's illness.

I asked the mother to strip the child and on looking her over carefully we found a tick well fastened to the scalp behind the right ear. There was some slight local swelling and a bluish red discoloration of the skin immediately surrounding the bite. The tick was removed the wound laid open and mopped with iodine and a wet dressing applied.

I saw the child again about nine o'clock that evening. Its condition was much the same except that its respiration was somewhat labored. I learned also at this visit, that during the afternoon the child had been unable to take food or drink owing to its inability to swallow. The dressing was changed on the wound, which appeared very much the same as it had in the morning; an enema was ordered and directions for general nursing given. The next morning about 7:30 I was called hurriedly and when I arrived a half hour later the child was dead.

The nurse told me that it had rested well throughout the night but had been unable to swallow and as morning drew on she noticed that the breathing became more and more labored until the end; death resulting evidently from failure of respiration.

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Answering an inquiry on this subject Dr. E. B. Patterson of Sandpoint, Idaho, reports a case as follows:

"About May 15th, this year, Mrs Emil Englund of Dover, Idaho, brought to me her six-year-old girl with the statement that she could not walk for two days past; that there was no elevation of temperature, no pain, nothing aside from the fact that the child was utterly limp, no special muscles or group of muscles were affected, and there was not any complete paralysis, just a general motor weakness; patellar reflex normal, pupils dilated, when seating a chair would gradually sink down into a heap. Examination discovered a tick embedded about two and one-half inches from right ear; tick was removed, pocket where tick was imbedded laid open and wound wiped out with iodine. Next day improvement was marked and in three days recovery was complete."

The third case which I wish to mention was under the care of the late Doctor A. D. McDonald and was reported to me by Doctor J. A. Lamb of Kalispell, who saw the case in consultation with Doctor McDonald some fifteen years ago. This was also a girl five or six years of age. Doctor Lamb's description of this case tallies in every particular with the one described by Doctor Patterson and also that of mine except that my own case proved fatal whereas the others recovered.

In addition to these I have learned indirectly of some three or four others but no definite data could be obtained. I have written several letters of inquiry to a number of physicians in the north-western part of the State and in Idaho, the replies which have been very much the same. It seems that most of the doctors to whom I wrote had heard of one or more similar cases but none had come to their personal attention.

(Discussion by Dr. R. R. Parker, Assistant State Entomologist.)

Dr. Fuson's paper is one of interest not only to the practising physicians of the State but also to many of our residents. Data presented by Dr. Fuson and reports from doctors in other localities indicate that tick paralysis is more generally distributed in Montana than has been supposed. As a matter of fact there are probably very few localities where the possibility that this disease may occur does not exist. The tick which induces it is quite generally distributed, both in prairie country and in the more mountainous areas. This tick is the same which transmits Rocky Mountain spotted fever, but there is no apparent relation between the two diseases.

Several papers dealing with this paralysis have appeared since 1912. One of these by Dr. I. U. Temple (Medical Sentinel, Sept., 1912, Portland, Oregon) gives records of fourteen cases and Dr. J. L. Todd (Journal of Parasitology, Dec., 1914, Urbana, Illinois) gives several others. In general their descriptions of cases agree closely with that made by Dr. Fuson, their papers, however, bring out other points which are of interest. They show that the disease is known in Oregon, Wyoming and British Columbia, as well as in Montana. Doubtless it occurs in other places in the northwest. Most cases give a record of a tick bite about the head, but two cases are on record in which the tick was attached in the left axilla. In one case the tick was attached to the right ear. With one exception the disease has occurred in children,—Dr. Todd presents one case of a male adult of forty years of age. Dr. Temple also refers to the disease as "acute ascending paralysis". He further states that "the prognosis is favorable if paralysis has not advanced to the stage of affecting the organs of respiration or of the heart". Dr. Todd preformed several experiments in an attempt to ascertain if an extract capable of producing the disease in laboratory animals could be obtained from the ticks and also attempted to produce the disease experimentally, but without marked success.

Other papers dealing directly or indirectly with the subject bring out the facts that a similar disease in children occurs in Australia, that a paralysis of sheep in British Columbia and South Africa has been associated with tick bites, that several species of ticks may cause paralysis (only one in Montana, so far as known), and that ticks secrete an anticoagulin which is injected into the blood at the site of the bite. It is not supposed that the anticoagulin has any direct relation to the causation of the disease.

In western Montana a condition is not uncommonly seen in which cattle, heavily infested with ticks, lie down and are unable to rise. When the ticks are removed they generally recover. Residents speak of such animals as being "down with ticks". Whether or not this is a condition in any way comparable to tick paralysis in persons is not known.

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### INSPECTOR RESIGNS.

Mr. W. C. Hansen, employed as inspector for the Food and Drug Division of the State Board of Health, tendered his resignation on September 22nd and accepted a position as assistant in the Department of Chemistry, University of Iowa, at Iowa City. Mr. Hansen is a graduate of the Department of Chemistry of the Montana State College, and during the period of the war rendered valuable service in the gas and liquid-fire branch of the army.

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"The successful imposition of sanitary regulations involves wide co-operation; and until the majority of individuals composing a community is brought to a fair level of understanding and belief in the measures proposed, serious and sustained endeavor to enforce them is scarcely to be expected."—SIMON FLEXNER.



## A NEW GERM FOE OF MAN.

An investigation just completed by Surgeon Edward Francis of the U. S. Public Health Service adds another to the list of disease germs afflicting mankind. The germ which bears the name of **bacterium tularense**, was first isolated by Drs. McCoy and Chapin, of the U. S. Public Health Service, as the causative agent in a plague-like disease of rodents. It was not then known that the same germ also infects man.

Dr. Francis now finds that **bacterium tularense** is the cause of "deer-fly fever", a disease occurring among the rural population of Utah and initiated (according to popular belief), by a fly bite on some exposed surface of the body. The site of the bite and the neighboring lymph glands become tender and inflamed, and they commonly suppurate. A fever, like that in ordinary blood poisoning, develops and lasts for three to six weeks. The patient becomes very sick and is confined to bed. The first case known to have ended fatally was reported in 1919.

Thus far something like two dozen cases of this disease have occurred in Millard County, Utah, in each of the years 1917, 1918 and 1919. Whether the disease prevails elsewhere is not yet known, but the announcement of the Public Health Service is expected to direct the attention of physicians to cases of this kind.

—Health News, U. S. Public Service.

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The principles for the control of syphilis and gonorrhoea differ in no wise from those used to control smallpox, leprosy, tuberculosis, measles, diphtheria, etc. The health officer must not regard venereal disease as a punishment for sin and crime—the victim or culprit needs help and sympathy. The immediate problem is the prevention of further spread of the infection.—BULLETIN, CALIFORNIA STATE BOARD OF HEALTH.

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"Buy a pair of red cheeks to give a littl lad again;  
Buy a pallid woman's face the bright eyes of health;  
Buy a broken man a hope, buy the strength he had again;  
Here be bargains wonderful awaiting on your wealth."  
BUY RED CROSS CHRISTMAS SEALS

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The man with the concealed pistol is dangerous, but the man with the uncovered cough or sneeze is deadly.—N. C. STATE HEALTH BULLETIN.

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Taking the line of least resistance is what makes men and rivers crooked.  
—Boston Transcript.



### THIRTEEN POINTS ABOUT CANCER.

1. During the Great War the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in this country. Cancer is now killing one out of every ten persons over forty years of age.

2. Many of these deaths are preventable, since cancer is frequently curable, if recognized and properly treated in its early stages.

3. Cancer begins as a small local growth which can often be entirely removed by competent surgical treatment, or, in certain external forms, by using radium, x-ray or other methods.

4. Cancer is not a constitutional or "blood" disease; there should be no thought of disgrace or of "hereditary taint" about it.

5. **Cancer is not a communicable disease.** It is not possible to "catch" cancer from one who has it.

6. **Cancer is not inherited.** It is not certain even that a tendency to the disease is inherited. Cancer is so frequent that simply by the law of chance there may be many cases in some families, and this gives rise to much needless worry about inheriting the disease.

7. The beginning of cancer is usually painless; for this reason its insidious onset is frequently overlooked, and is too easily neglected. **Other danger signals must be recognized and competent medical advice obtained at once.**

8. Every persisting lump in the breast is a warning sign. All such lumps are by no means cancer, but even innocent tumors of the breast may turn into cancer if neglected.

9. In women continued unusual discharge or bleeding requires the immediate advice of a competent doctor. The normal change of life is not accompanied by increased flowing which is always suspicious. The return of flowing after it has once stopped should also be considered suspicious. Do not expect the doctor to tell you what the matter is without making a careful physical examination.

10. Any sore that does not heal, particularly about the mouth, lips or tongue, is a danger signal. Picking and irritating such sores, cracks, ulcerations, etc., or treating these skin conditions by home remedies, pastes, poultices, caustics, etc., is playing with fire. Warty growths, moles, or other birthmarks, especially those subject to constant irritation, should be attended to immediately if they change in color or appearance, or start to grow. Avoidance of chronic irritation and removal of just such seemingly insignificant danger spots may prevent cancer.

11. Persistent indigestion in middle life, with loss of weight and change of color, or with pain, vomiting, or diarrhoea, call for thorough and competent medical advice as to the possibility of internal cancer.

12. Radium is a useful and promising means of treatment for some kinds of cancer, in the hands of the few skillful surgeons and hospitals possessing sufficient quantity of this rare and very expensive substance; it must not be thought of as a cure-all for every form of cancer. No medicine will cure cancer. Doctors and institutes which advertise "cures without the knife" play upon the patient's fear of operation in a way that leads too often to the loss of precious time, and fatal delay in seeking competent treatment. Go first to your family physician.

13. Open warfare by open discussion will mean the prevention of many needless deaths from cancer. The common belief that cancer is a hopeless malady is partly due to the fact that cases of successful treatment are frequently concealed by the patient and his family, while cases of failure (too often resulting from delay) are apt to become common knowledge.

—American Society for the Control of Cancer.

## DO YOU BELIEVE IN JUSTICE?

Were you, dear reader, ever on a train or in a hotel, and did you happen to notice some passenger or guest take a little pasteboard box out of his pocket and carefully spit into it? Were you one of those who became frightened and carefully avoided this person, possibly going to the conductor or hotel proprietor and making a vigorous protest against that person being allowed around? We hope not, but if you did not do this you may rest assured that some one else did.

The person who used that sputum cup was possibly a consumptive, but he was being brave enough, sane enough and man enough to do what he knew would protect others from infection from his sputum. Possibly he was not a consumptive but an ordinary citizen with some regard for the rights of others, but we doubt it.

At the very time this (possible) consumptive was taking such care to dispose of his sputum without endangering others, a hundred other people in his vicinity were spitting promiscuously, and incurring no blame. Yet they were spreading the germs of disease—pneumonia, catarrh, influenza, consumption—thick and fast. THINK IT OVER.  
—Fraternity.

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## EATING AIR.

Once I met a lady, handsome, plump and fair;  
Said I, "What's the reason?" Said she, "Eating air!"  
Said I, "Sure, you're jesting!" Said she, "Not a bit!"  
If you're sick and gloomy, take a dose of it!

"Throw your shouldrs upward. Get out in the sun;  
Concentrate your wishes with your mind—'tis done!  
Wake the solar plexus, health will come complete;  
Air is splendid eating—eat and eat and eat!

"You can't be a glutton on such splendid fare;  
Life is for the having; Just keep eating air!  
And your mind will broaden to all pleasures sweet;  
Successes grand await you, if you eat and eat!

"Don't believe those half-truths, whereby some men swear;  
'I can't live on sunshine,' 'I can't live on air.'  
For I'm sure no mortal, fool, or knave, or wit,  
Could exist without them, 'cept a little bit.

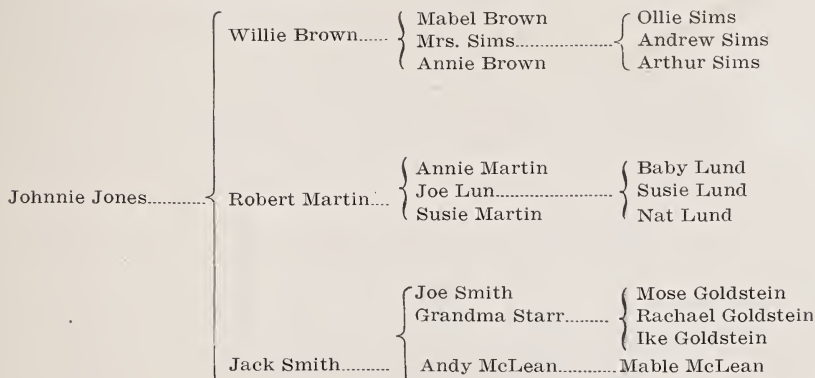
"Climate makes strong people—sunshine keep them free;  
Upward throw your shoulders; eat some air with me;  
Cast drugs to the canines, throw pills to the bats—  
Air is for the lean ones; air is for the fats.

"Air is for the gloomy, bilious, grave, and sad;  
Air is for the good ones, air is for the bad;  
Air is for the lowly, women, children, men;  
When you are real hungry, pass your plate again!

"Vitalize your body freely without price;  
Eating air is jolly, eating air is nice;  
And the world about you will appear so sweet  
If you keep on feasting, if you eat and eat."

—Howard Carleton Tripp.

## HOW THE SCARLET FEVER EPIDEMIC GOT STARTED.



January 5, Johnnie Jones was out of school with a sore throat and a little rash. January 8, he returned to school and reported that he had a sore throat. No investigation was made by the teacher or health department; there was no public health nurse in that district. Willie Brown, Robert Martin and Jack Smith were chums of Johnnie Jones. January 12, Willie Brown was taken quite sick and Mrs. Sims came in to help Mrs. Brown nurse him and then went home to her own children. January 13, Robert Martin was not feeling well, had a sore throat, and Joe Lund came over to play with him. January 13, Jack Smith was taken sick and Grandma Starr came in to see if she could help Mrs. Smith and then went home to help her daughter take care of her children, the Goldstein children. January 17, all three Sims children taken down with scarlet fever. January 17, Baby Lund taken sick; January 18, Joe Lund has severe attack of scarlet fever; January 22, Susie and Nat Lund develop scarlet fever. January 17, Joe Lund comes down with scarlet fever; Andy McLean goes over to see what the trouble is and Mrs. Smith lets him visit with Joe "for just a few minutes." January 18, Mose Goldstein has a sore throat and a slight rash; January 22, Rachel and Ike Goldstein come down with well-marked attacks of scarlet fever. January 25, Andy McLean has a sore throat and slight rash and the next day Mable McLean is taken very ill with scarlet fever.

Do you say "all this suffering because Johnnie Jones did not know that he had a mild attack of scarlet fever?" No, all this suffering because this district did not have a live health department. If it had, the school nurse would have seen Johnnie the first day he was out of school and would have recognized the condition and reported it to the health officer, who would have seen that Johnnie was quarantined until danger of transmitting the disease was passed and there would have been no more cases.

**A live, up-to-date, working health department is the best investment any community can have.**

—Kansas State Board of Health Bulletin.



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WHY  
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no hankie